FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

19420 N.E. 26TH AVE. **SUITE 123**

2a. Mailing Address

26

28

Zip

N. MIAMI BEACH FL 33180

Suite, Apt. #, etc.

DOCUMENT # P94000087949 1. Corporation Name

Country

AP PRODUCTS INC.

Principal Place of Business 19420 N.E. 26TH AVE.

N. MIAMI BEACH FL 33180

Suite, Apt. #, etc.

2. Principal Place of Business

SUITE 123

Zip

Mailing Address

01/01/1995 4. FEI Number

65-0552696

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90257 030 ***150.00

	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed

 \Box

Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Not Applicable

4	25		29	30			Pe	rsonal Property Ta	x	☐ Yes	ZN0
`		d Address of Curr	ent Registered Agent				10. Na	ame and Address	of New Regist	ered Agent	
					81	Name			,		
PHILLIPS, DAVID					82	Street Add	iress (P O	Box Number is No	ot Acceptable)		
19420 NE 26TH AVENUE						Juest Add					
_	E-123 -				83	5111	te 1	7.7			
NORTH MIAMI BEACH FL 33180					84	City	<u> </u>	UC		85 Zip (Code
					0.4	City				FL S	_
11. Pursuant office or r	to the provisions registered agent, im familiar who	of Sections 607.0: or both, in the Sta	5/02 and 607.1508, Flori le of Florida. Such chan gations of, Section 607.	ida Statutes, t ige was autho 0505, Florida	he above rized by Statutes	e-named corporati	poration su tion's board	ibmits this stateme of directors. I here	nt for the purpo eby accept the	se of changing its appointment as re	registered gistered
SIGNATURE	\mathcal{A}	DIAN	list	TAR	110	J. 7	PHIL	U13	Z-	-15-44	
SIGNATURE	Signature, typed or pr	intes name of registered a	gent and title if applicable.	(NOTE: Reg	istered Agen	t signature require			DA		
12.		OFFICERS A	AND DIRECTORS		13.		ADI	DITIONS/CHANGE	S TO OFFICER		
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NAME					3.2 NAME						
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NAME					6.3 STREET	T ADODESS					
STREET ADDRESS					6.4 CITY-S						
CITY OF TID	1				0.4 CHY-5	1-412					

Country

14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an endorse.

SIGNATURE: